


## Food Establishment Inspection Report

Page 1 of 2

Establishment Name: <b>Western Conventional</b>	Address: <b>Lobo Canyon Rd</b>	City: <b>Groats</b>	State: <b>NM</b>	Zip Code: <b>87020</b>	Phone:
Permit #: <b>16359</b>	Email:	Est. Type: <b>I</b>	Risk Category:		
 As Governed by State Regulation 7.6.2 NMAC NMED Environmental Health Bureau 121 Tijeras Ave. NE, Albuquerque NM 87102		Purpose of Inspection: <input type="checkbox"/> Pre-Opening <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Complaint <input type="checkbox"/> Closing <input type="checkbox"/> Opening <input type="checkbox"/> Follow-up <input type="checkbox"/> Investigation <input type="checkbox"/> CAR		Permit Expiration Date: Time In: <b>11:00</b> Time Out:	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item		Mark "X" in appropriate box for COS and/or R	
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable		COS=corrected on-site during inspection R=repeat violation	
<b>Compliance Status</b>			
<b>Supervision</b>			
1	OUT	Person in charge present, demonstrates knowledge, and performs duties	
2	OUT N/A	Certified Food Protection Manager <b>3/1/17</b>	
<b>Employee Health</b>			
3	OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4	OUT	Proper use of restriction & exclusion	
5	OUT	Procedures for responding to vomiting and diarrheal events	
<b>Employees</b>			
6	OUT	Food Handler Cards <b>3/1/17</b>	
<b>Good Hygienic Practices</b>			
7	OUT N/O	Proper eating, tasting, drinking, or tobacco use	
8	OUT N/O	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
9	OUT N/O	Hands clean & properly washed	
10	OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed	
11	OUT	Adequate handwashing sinks; supplied & accessible	
<b>Approved Source</b>			
12	OUT	Food obtained from approved source	
13	OUT N/A N/O	Food received at proper temperature	
14	OUT	Food in good condition, safe, & unadulterated	
15	OUT N/A N/O	Required records available: shellstock tags, parasite destruction	
<b>Protection from Contamination</b>			
16	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	
17	OUT N/A	Food-contact surfaces; cleaned & sanitized	
18	OUT N/A N/O	Food separated & protected	
<b>Time/Temperature Control for Safety</b>			
19	OUT N/A N/O	Proper cooking time & temperatures	
20	OUT N/A N/O	Proper reheating procedures for hot holding	
21	OUT N/A N/O	Proper cooling time & temperature	
22	OUT N/A N/O	Proper hot holding temperatures	
23	OUT N/A N/O	Proper cold holding temperatures	
24	OUT N/A N/O	Proper date marking & disposition	
25	OUT N/A N/O	Time as a Public Health Control; procedures & records	
<b>Consumer Advisory</b>			
26	OUT N/A	Consumer advisory provided for raw/undercooked foods	
<b>Highly Susceptible Populations</b>			
27	OUT N/A	Pasteurized foods used; prohibited foods not offered	
<b>Food/Color Additives and Toxic Substances</b>			
28	OUT N/A	Food additives: approved & properly used	
29	OUT N/A	Toxic substances properly identified, stored, & used	
<b>Conformance with Approved Procedures</b>			
30	OUT N/A	Compliance with variance / specialized process / HACCP	

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

No. of Risk Factors / Intervention Violations	<b>0</b>
No. of Repeat Risk Factors / Intervention Violations	<b>0</b>

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS=corrected on-site during inspection		R=repeat violation	
<b>Safe Food and Water</b>							
31		Pasteurized eggs used where required					
32		Water & ice from approved source					
33		Variance obtained for specialized processing methods					
<b>Food Temperature Control</b>							
34		Proper cooling methods used; adequate equipment for temperature control					
35		Plant food properly cooked for hot holding					
36		Approved thawing methods used					
37		Thermometers provided & accurate					
<b>Food Identification</b>							
38		Food properly labeled; original container					
<b>Prevention of Food Contamination</b>							
39		Insects, rodents, & animals not present					
40		Contamination prevented during food preparation, storage & display					
41		Personal cleanliness					
42		Wiping cloths: properly used & stored					
43		Washing fruits & vegetables					
<b>Proper Use of Utensils</b>							
44		In-use utensils: properly stored					
45		Utensils, equipment & linens: properly stored, dried, & handled					
46		Single-use/single-service articles: properly stored & used					
47		Gloves used properly					
<b>Utensils, Equipment and Vending</b>							
48		Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
49		Warewashing facilities: installed, maintained, & used; test strips					
50		Non-food contact surfaces clean					
<b>Physical Facilities</b>							
51		Hot & cold water available; adequate pressure					
52		Plumbing installed; proper backflow devices					
53		Sewage & waste water properly disposed					
54		Toilet facilities: properly constructed, supplied, & cleaned					
55		Garbage & refuse properly disposed; facilities maintained					
56		Physical facilities installed, maintained, & clean					
57		Adequate ventilation & lighting; designated areas used					

Status: (check one)	Approved <input checked="" type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Immediate Closure <input type="checkbox"/>	Voluntary Closure <input type="checkbox"/>
No. of Good Retail Practices Violations	<b>0</b>			
No. of Repeat Good Retail Practices Violations	<b>0</b>			

Person in Charge (Signature)	Follow-up:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date:
Inspector (Signature)	Corrective Action Response:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date:
Date: <b>26 Jan 2017</b>				

ZG001087

Exhibit I

## Food Establishment Inspection Report

Page 2 of 2

As Governed by State Regulation 7.6.2 NMAC  
NMED Environment Health Bureau  
121 Tijeras Ave NE, Albuquerque NM 87102

Establishment Name:

Western Correctional  
Facility  
Dining Room B

Permit #:

18359

Date: 24

Jan 2017

Address:

Lobo Canyon Rd

City:

Grants

State:

NM

Zip Code:

87020

Phone:

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cash	119°F	Hot Holding	139°F		
Beef patties	127°F				
Potatoes	115°F				
Beans	113°F				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

Item  
Number

Note: Food temperatures are low but food  
will be served between 11:30am to 1:00 pm  
food is in steam table and Hot Holding.

Person in Charge (Signature)


Date:

26  
Jan 2017

Inspector (Signature)

## Food Establishment Inspection Report

Page 1 of 2

Establishment Name: <b>Western NM Cooks</b>	Address: <b>Lobo Canyon Rd</b>	City: <b>Groets</b>	State: <b>NM</b>	Zip Code: <b>87020</b>	Phone:
Permit #: <b>109 03</b>	Email:	Est. Type: <b>I</b>	Risk Category: <b>3</b>		
 As Governed by State Regulation 7.6.2 NMAC NMED Environmental Health Bureau 121 Tijeras Ave. NE, Albuquerque NM 87102		Purpose of Inspection: <input type="checkbox"/> Pre-Opening <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Complaint <input type="checkbox"/> Closing <input type="checkbox"/> Opening <input type="checkbox"/> Follow-up <input type="checkbox"/> Investigation <input type="checkbox"/> CAR		Permit Expiration Date: <b>11/31/17</b> Time In: <b>11:00</b> Time Out:	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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<b>Compliance Status</b>		COS	R
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1	OUT		
Person in charge present, demonstrates knowledge, and performs duties			
2	OUT N/A		
Certified Food Protection Manager			
<b>Employee Health</b>			
3	OUT		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	OUT		
Proper use of restriction & exclusion			
5	OUT		
Procedures for responding to vomiting and diarrheal events			
<b>Employees</b>			
6	OUT N/A		
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<b>Compliance Status</b>		COS	R
<b>Protection from Contamination</b>			
16	OUT		
Proper disposition of returned, previously served, reconditioned, & unsafe food			
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Food-contact surfaces; cleaned & sanitized			
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Food separated & protected			
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Proper cold holding temperatures			
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Proper date marking & disposition			
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<b>Consumer Advisory</b>			
26	OUT N/A		
Consumer advisory provided for raw/undercooked foods			
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Food additives: approved & properly used			
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Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>			
30	OUT N/A		
Compliance with variance / specialized process / HACCP			

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

No. of Risk Factors / Intervention Violations

0

No. of Repeat Risk Factors / Intervention Violations

0

## GOOD RETAIL PRACTICES

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R=repeat violation

		COS	R
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43	Washing fruits & vegetables		
<b>Proper Use of Utensils</b>		COS	R
44	In-use utensils: properly stored		
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53	Sewage & waste water properly disposed		
54	Toilet facilities: properly constructed, supplied, & cleaned		
55	Garbage & refuse properly disposed; facilities maintained		
56	Physical facilities installed, maintained, & clean		
57	Adequate ventilation & lighting; designated areas used		

Status: (check one)

Approved ☒Unsatisfactory ☐Immediate Closure ☐Voluntary Closure ☐

No. of Good Retail Practices Violations

1

No. of Repeat Good Retail Practices Violations

0

Follow-up:

YES ☐NO ☒

Date:

Corrective Action Response:

YES ☐NO ☐

Date:

Person in Charge (Signature)

Inspector (Signature)

Date: 26 Jan 2017

ZG001089

## Food Establishment Inspection Report

Page 2 of 2

As Governed by State Regulation 7.6.2 NMAC  
NMED Environment Health Bureau  
121 Tijeras Ave NE, Albuquerque NM 87102

Establishment Name:

Western NM  
Correctional Facility  
Main

Permit #:

10903

Date:

26  
Jan 2017

Address:

Lobo Canyon Rd

City:

Glasco

State:

NM

Zip Code:

87020

Phone:

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Potatoes	135°F	Hot Holding	139°	Walk-in Freezer	-5°F
CORN	134°F	Rechar Cooler	41°F	Walk-in Cooler #1	37°F
Beans	129°F			Walk-in Cooler #2	39°F
Beef patties	140°F			Walk-in Cooler #3	
				used for dry	
				Storage	

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

Item Number

56

6-201.12 ① Floor drain cover in bathroom  
is broken. corrected on site

② possible air leak between freezer  
and cooler #2. Ice buildup on  
floor at the base between the 2 units.

Note: Beans were under temp but were  
placed back on the stove to reheat  
for lunch.

Note: Quat Sanitizer 200 mg/L

Person in Charge (Signature)

Date:

26  
Jan 2017

Inspector (Signature)